MEDICAL WORKSHEET

DO YOU ITEMIZE? YES/NO

•	ct unreimbursed medical expenses that exceed 7.5% 040. For example, if your AGI is \$50,000, the first \$3	, , ,	•
	7.5% x Your AGI	_=	
DO YOU THINK YOUR MEDICAL EXPENSES ARE MORE THAN THIS AMOUNT? YES/NO			
*IF YOU HAVE A HEALTH SAVINGS ACCOUNT OR MEDICAL SAVINGS ACCOUNT, YOU CANNOT USE COSTS THAT WERE PAID WITH THESE FUNDS, YOU ALREADY RECEIVED A TAX BREAK			
a.) INSURANCE PREMIUMS: Medicare supplements, Out of Pocket Health Insurance, Dental or Vision Insurance:			
			\$
*Note: if you have insurance at work, the premiums you pay may be pre-tax and cannot be used as a deduction			
**Do not add Medicare PART B here, this is entered separately			
b.) MEDICAT	IONS: Prescription out of pocket cost:		\$
c.) VISION: c	office visits, glasses, contacts cost out of pocket:		\$
d.) DENTAL:	office visits, procedures, dentures, implants, braces:		\$
e.) MILEAGE:	to and from appointments, picking up prescription	s: miles	
f.) SUPPLIES:	SUPPLIES: Cost to modify home, grab bars, ramps, etc./crutches/walker/wheelchair/modify car/wigs: \$		
g.) LONG TEF	RM CARE INSURANCE PREMIUMS YOU PAID:		\$
h.) NURSING	HOME/IN HOME CARE:		\$